

REQUEST FOR APPLICATION: TRADITIONAL INDIAN HEALTH

Background

The California Department of Health Care Services (DHCS) is releasing this Request for Applications (RFA) to fund three Traditional Indian Health (TIH) education programs that will assist Indian clinics in providing services to American Indians in a culturally appropriate manner. A total of \$300,000 is available to fund regional TIH programs for two fiscal years as authorized by the Fiscal Year 2022-2023 State Budget Act.

Awards are subject to the availability of funding.

Eligibility Criteria

To qualify for funding, an Indian health program shall be administered by either a non-profit corporation organized under the laws of the State of California or by an Indian Tribe. The board of directors or trustees of such corporation shall be composed of a majority of Indians.

“Indian Tribe” means any Indian Tribe, band, or nation or other organized group or community which is determined to be eligible for the special programs and services provided by the United States or State of California to Indians because of their status as Indians.

Funding Information

This funding opportunity supports the provision of traditional Indian health.

It is anticipated that \$300,000 will be made available to support 3 regional programs (one in the northern, central, and southern part of California) as follows:

- Fiscal Year 2022-2023-\$150,000
- Fiscal Year 2023-2024-\$150,000

The maximum funding is \$50,000 per region per fiscal year. The funding period is anticipated to be April 2023 – June 2024.

The State reserves the right to determine the final award amount, which may be less than requested. Funding availability is subject to the annual appropriation in the State budget.

Program Requirements

To qualify for funding, applicants shall demonstrate administrative competency at the time of application and shall throughout the term of the grant agreement:

1. Maintain good standing with the Office of the Secretary of State and the Office of the Attorney General if a non-profit corporation.
2. Maintain good standing with the Bureau of Indian Affairs (if an Indian Tribe).
3. Comply with all provisions of the grant including, but not limited to, provisions of the quality and quantity of the direct and subcontracted services specified to the population(s) targeted.
4. Be located and conduct grant activities in the State of California.
5. Provide services in a culturally appropriate manner.
6. Notify the IHP within 72 hours regarding any situation that would substantially alter the grantee's ability to comply with grant obligations.
7. Participate in relevant evaluation and monitoring activities as determined by the State to identify levels of grant compliance and need for consultation/technical assistance.
8. Assure that community members and/or clients participate in the development of policies and procedures on an ongoing basis through their governing Board of Directors.
9. Ensure the grantee and all subcontractors carry out the provisions of the grant in a cost-effective and cost-efficient manner.
10. Submit invoices and reports documenting expenditures of contract funding.

Project Scope

Traditional Indian Health: The provision of traditional Indian health includes traditional practices of Indian medicine which are native to an Indian community, are accepted by that Indian community as handed down through the generations and can be established through the collective knowledge of the elders of that Indian community. TIH services may include, but are not limited to the following:

1. Travel and related costs for medicine men and women.
2. Cultural sensitization education for health program personnel.

The goal of the three TIH education programs is to increase the capacity of Indian clinics to provide services in a culturally appropriate manner and to provide a forum for the Indian community to address TIH education.

The programs will be conducted **on a Regional Basis** as follows:

- One (1) TIH education program will be conducted in Northern California to include Calaveras County north to the Oregon border.
- One (1) TIH education program will be conducted in Central California to include Kern County north to Tuolumne County.
- One (1) TIH education program will be conducted in Southern California south of Kern County to the California border.
- One (1) regional TIH event must be held annually each fiscal year.
- TIH education programs will be developed with at least bimonthly input from a TIH advisory committee composed of no less than five American Indian individuals knowledgeable about Native California traditional health practices and who are representative of the region.
- Applicants must submit letters of support for planned grant activities from a minimum of 3 Indian health clinics/tribes that are representative of the region.
- The annual report of the TIH education programs will include recommendations to the DHCS American Indian Health Policy Panel.
- Applicants may apply to provide one or all 3 of the regional TIH education programs. TIH programs must be provided in a conference or a training format.

Application Information

Application Instructions: Read all instructions carefully. Be sure to include all the information required in the RFA, including all attachments. Review and complete the application checklist prior to submitting your application.

Application Timeline

RFA released	March 24, 2023
Informational webinar— registration below	March 29, 2023
Deadline to submit questions	April 10, 2023
Applications due	April 21, 2023
Award notifications	May 3, 2023
Appeals Due	May 10, 2023
Contract period	May 11, 2023 – June 30, 2024

If DHCS finds a need to alter the timelines listed herein, either an addendum or a correction notice will be issued announcing the alternate timelines.

Informational Webinar: March 29, 2023, at 11:00 a.m. – 12:00 p.m. Pacific Standard Time (PST) - [REGISTER FOR THE WEBINAR](#)

Questions: Direct questions about the services or instructions herein to the Office of Tribal Affairs (OTA) at TribalAffairs@dhcs.ca.gov. Inquiries and questions **will not be accepted after April 10, 2023**. Please include “Indian Health Clinic/Tribal Entity RFA Question” in the subject line. OTA will respond directly to each person or organization submitting an inquiry.

If a question and response is determined to be of value to other potential respondents, OTA will post the question and response to the [Indian Health Program website](#). At its discretion, OTA may contact an inquirer to seek clarification of any question or inquiry received.

Application Submission: Applications shall be submitted electronically by **April 21, 2023**, to TribalAffairs@dhcs.ca.gov with the subject line “Indian Health Clinic/Tribal Entity RFA Submission.” Applications cannot be submitted via USPS mail or fax.

Selection and Evaluation: DHCS will select applicants that present the most complete and responsive applications demonstrating a mix of need, capacity, and cost efficiency. It is the intent of the DHCS to issue the award to one successful applicant per region. The DHCS reserves the right to negotiate the budget and scope of work and not award a grant agreement if changes recommended by the IHP cannot be mutually agreed upon. Grant negotiations will commence following release of the RFA award announcement/s. If the successful applicant fails to finalize a budget or scope of work, or if recommended changes cannot be mutually agreed upon, DHCS reserves the right to withdraw the grant award or delay the start of the grant agreement term. If the grant award is withdrawn, those funds may be redirected to another applicant.

Reasonable Accommodations: For individuals with disabilities, OTA will provide assistive services such as reading or writing assistance and conversion of the RFA, questions/answers, RFA addenda, or other administrative notices into Braille, large print, audiocassette, or computer disk. To request copies of written materials in an alternate format, please email TribalAffairs@dhcs.ca.gov with the subject line “Reasonable Accommodations – Indian Health Clinic/Tribal Entity RFA” or call (323) 545-6202 for assistance.

NOTE: The range of assistive services available may be limited if requestors cannot allow ten (10) or more State business days prior to the date the alternate format material or assistance is needed.

Appeal Process

Who Can Appeal

- 1) Only non-funded applicants that submit a timely application that complies with the RFA instructions may file an appeal.
- 2) Grounds for appeal
Appeals are limited to the grounds that DHCS failed to correctly apply the standards for reviewing applications in accordance with this RFA. Applicants may not appeal solely on the basis of funding level. There is no appeal process for late or substantially incomplete/nonresponsive applications. The receipt of an appeal by one applicant shall not hinder or delay an award to another applicant.
- 3) Appeal content
The written appeal must fully identify the issue(s) in dispute, the practice that the appellant believes DHCS has improperly applied in making its award decision(s), the legal authority or other basis for the appellant’s position, and the remedy sought.
- 4) Submitting an appeal

Written letters appealing DHCS’ final award selections must be received by **May 10, 2023**.

Hand deliver, mail, or fax an appeal to the address below. Label, address, and submit a letter of appeal using one of the methods described below.

U.S. Mail, Hand Delivery or Overnight Express:	Fax:
René Mollow, Deputy Director Health Care Benefits & Eligibility Department of Health Care Services 1501 Capitol Avenue, MS 4000 Sacramento, CA 95814-5000	Department of Health Care Services Attention: René Mollow, Deputy Director Fax: 916-440-5268

Confirmation of Receipt of Faxed Appeals

Dial the telephone number shown here to confirm receipt of the fax transmission: (916) 440-7800.

Appeal Timeline

Only timely and complete appeals that comply with the instructions herein may be considered. At its sole discretion, DHCS reserves the right to collect additional facts or information to aid in the resolution of any appeal.

The Deputy Director or designee shall review each timely and complete appeal and may resolve the appeal by either considering the contents of the written appeal letter or, at his or her sole discretion, by holding an oral appeal hearing.

The decision of the hearing official shall be final and there will be no further administrative appeal.

Appellants will be notified of the decisions regarding their appeal in writing within fifteen (15) working days of receipt of the written appeal letter, if no hearing will be held.

Required Application Forms/Documents

A complete application must include the following list of forms and supplemental information:

1. Application Checklist. (Attachment A)
2. Application Cover Sheet. (Attachment B)
3. Certification of Funding Terms. (Attachment C)
4. Authorization to Bind Corporation and Payment Approval Request Form. (Attachment D)
5. Certification of Terms and Conditions of Advance Payment. (Attachment E)
6. Scope of Work Plans (FY 22-23 and FY 23-24). (Attachment F)
7. Budget Tables (FY 22-23 and FY 23-24). (Attachment G)
8. Project Narrative (maximum 3 pages).
9. The most recent quarterly or monthly financial statement that includes all corporate debts and incoming funds for the program.
10. Traditional Indian Health Advisory Committee Information: Submit on grantee letterhead a list of committee members including tribal affiliation and contact information. The committee must consist of at least five members who are knowledgeable about Native California traditional health practices and who are representative of the region. Include resumes and/or a qualification statement for each identified committee member.
11. Job descriptions and resumes for project personnel who will exercise a major administrative or consulting role for awarded grant funds.
12. Three letters of support: Include letters of support for planned grant activities from a minimum of three Indian health clinics/tribes that are representative of the region for which you are applying.
13. Copy of organizational chart (identifying personnel vacancies).
14. Current evidence of liability, medical and/or dental malpractice insurance or Torts claims coverage.
15. List of current Board of Directors including affiliation and contact information on grantee letterhead.
16. Copy of current Corporate By-Laws sent to the Registry of Charitable Trusts, Office of the Attorney General, State of California, and/or Tribal Charter.
17. Proof of non-profit status: Provide a copy of the most recent Federal F-199 and CT2 tax forms that your program has submitted to the State/Federal tax offices. If you turned in a Request for an Extension for Filing (i.e., Federal tax form 2758 and/or State form 3504) these forms should be submitted. If you are a Tribe and Exempt from taxation, please supply a copy of the documents submitted to Federal and State tax offices.

State's Rights

1. If deemed necessary, DHCS may collect additional applicant documentation, signatures, missing items, or omitted information during the response review process. The DHCS will advise the applicant orally, by email, or in writing of any documentation that is required followed with a submission timeline. Failure to provide the requested information by the date and time indicated may deem an applicant nonresponsive and eliminate them from further consideration.
2. The submission of a response to this RFA does not obligate DHCS to make a contract award.
3. DHCS reserves the right to deem incomplete applications nonresponsive to the RFA requirements.
4. DHCS reserves the right to modify or cancel the RFA process at any time.
5. The following occurrences may cause DHCS to reject a response from further consideration:
 - a) Failure to meet application requirements by the submission deadline.
 - b) Failure to comply with a request to submit additional documentation in a timely manner.
 - c) Failure to comply with all performance requirements, terms, conditions, and/or exhibits that will appear in the resulting contract.

Compliance with California Public Records Act

The application is a public record that is available for public review pursuant to the California Public Records Act (CPRA, Chapter 3.5 [commencing with Section 6250] of Division 7 of Title 1 of the Government Code). After final awards have been issued, DHCS may disclose any materials provided by the applicant to any person making a request under the CPRA. Applicants are cautioned to use discretion in providing information not specifically requested, such as personal phone numbers and home addresses. If the applicant does provide such information, they will be waiving any claim of confidentiality and will have consented to the disclosure of submitted material upon request.

Attachment A Application Checklist

Your application should be in the order presented below. The following documents must be included to this application. Please indicate page number in your application or if the item is not applicable.	Page # (or N/A)
1. Application Checklist. (Attachment A)	
2. Application Cover Sheet. (Attachment B)	
3. Certification of Funding Terms. (Attachment C)	
4. Authorization to Bind Corporation and Payment Approval Request Form. (Attachment D)	
5. Certification of Terms and Conditions of Advance Payment. (Attachment E)	
6. Scope of Work Plans (FY 22-23 and FY 23-24). (Attachment F)	
7. Budget Tables (FY 22-23 and FY 23-24). (Attachment G)	
8. Project Narrative (maximum 3 pages).	
9. The most recent quarterly or monthly financial statement that includes all corporate debts and incoming funds for the program.	
10. Traditional Indian Health Advisory Committee Information: Submit on grantee letterhead a list of committee members including tribal affiliation and contact information. The committee must consist of at least five members who are knowledgeable about Native California traditional health practices and who are representative of the region. Include resumes and/or a qualification statement for each identified committee member.	
11. Job descriptions and resumes for project personnel who will exercise a major administrative or consulting role for awarded grant funds.	
12. Three letters of support: Include letters of support for planned grant activities from a minimum of 3 Indian health clinics/tribes that are representative of the region for which you are applying.	
13. Copy of organizational chart (identifying personnel vacancies).	
14. Current evidence of liability, medical and/or dental malpractice insurance or Torts claims coverage.	
15. List of current Board of Directors including affiliation and contact information on grantee letterhead.	
16. Copy of current Corporate By-Laws sent to the Registry of Charitable Trusts, Office of the Attorney General, State of California, and/or Tribal Charter.	

<p>17. Proof of Non-profit Status: Either a copy of the most recent Federal F-199 and CT2 tax forms the program has submitted to the State/Federal tax offices or a Request for an Extension for Filing (i.e., Federal tax form 2758 and/or State form 3504). If the organization is a Tribe and exempt from taxation, please provide a copy of the documents submitted to Federal and State tax offices.</p>	
---	--

Attachment B

Application Cover Sheet

AGENCY INFORMATION:

Legal Corporate Name (Applicant):

Mailing Address:

Location (if different from mailing address):

Telephone Number:

Fax Number:

Corporate Fiscal Year Dates:

Anticipated Date of Next Fiscal Audit:

Include the items below in your application narrative (maximum 3 pages) in the following order:

AGENCY CAPABILITY

Provide a history of your organization which includes the date of establishment, service area, past accomplishments, and current projects. Describe your agency's qualifications to undertake the proposed work in TIH education programs. If subcontractors will be used, identify what contributions each subcontractor will make toward the achievement of the objectives contained in this RFA beyond the agency's immediate resources.

PROJECT SUMMARY

Provide a description of how the applicant plans to carry out the scope of work in this RFA including plans to address Native California traditional health practices and a methodology which outlines how communication between the TIH Advisory Committee, staff, Indian clinics, and local community will be completed. Please include plans for the implementation of the TIH education program for each fiscal year.

WORKPLAN

Describe the project goals including broad statements of intent toward which project efforts are directed. A final report with recommendations to the American Indian Health Policy Panel is a required deliverable of this RFA. Use **Attachment (F)** for the detailed Scope of Work Plan.

PROJECT PERSONNEL

Describe how the project will be staffed. If personnel for this project are funded by this grant; include the following information:

1. The number of positions including titles, and salary schedules for each position. Identify the person(s) (e.g., project manager and/or project coordinator) who will have primary responsibility for coordinating the work activities.
2. Describe the person's experience in managing similar projects and include his/her resume with the application package.

Applicants planning to use subcontractors in the performance of the work must:

1. Identify each proposed subcontractor, if known at the time of proposal submission;
2. Include a narrative of each known subcontractor's expertise;
3. Describe the responsibilities to be assigned to each subcontractor; and
4. Include a description of plans for overseeing the performance of subcontractor.

The State reserves the right to approve changes in staffing after a grant is awarded. Notwithstanding the use of any subcontractor, the applicant will ultimately be responsible for performance of all terms and conditions of the resulting contract. The State reserves the right to approve changes in subcontractor selection.

Attachment C

Applicant's Certification of Funding Terms

I, _____, as the Authorized Representative of
_____ (Name of entity applying), certify that:

1. The information, statements, and attachments included in this application are, to the best of my knowledge and belief, true and correct.
2. I possess the legal authority per the enclosed Authorization to Bind to submit this application on behalf of the entity identified as the applicant for funding.
3. Other funding is available to cover the costs of direct services and staffing.

Further the entity agrees to:

1. Comply with all provisions of the grant including, but not limited to, provisions of the quality and quantity of the direct and subcontracted services specified to the population(s) targeted;
2. Provide services in a culturally appropriate manner;
3. To notify the IHP within 72 hours regarding any situation that would substantially alter the grantee's ability to comply with grant obligations;
4. Participate in relevant evaluation and monitoring activities as determined by the State to identify levels of grant compliance and need for consultation/technical assistance;
5. Assure that community members and/or clients participate in the development of policies and procedures on an ongoing basis through their tribal council or governing Board of Directors;
6. Carry out the provisions of the grant and ensure that all subcontractors carry out the provisions of the grant in the most cost-effective and cost-efficient manner possible;
7. Submit invoices and reports documenting expenditures of grant funding. Grantees agree to participate in monitoring and reimbursement reviews with DHCS as requested;
8. The Grantee shall defend, indemnify, and hold harmless DHCS and the State of California, and all officers, trustees, agents, and employees of the same, from and against all claims, losses, costs, damages, or liabilities of any kind or nature, including attorneys' fees, whether direct or indirect, arising from or relating to the grant or project.

I certify that _____ (insert name of entity) will receive, expend, and administer all funds received under this initiative pursuant to the terms outlined above and understand this is a condition of receiving such funds.

The information provided within the form and attached is true and correct.

Signature of Authorized Representative

Date

Typed Name of Signatory

Title of Signatory

Attachment D

Authorization to Bind Corporation and Payment Request Approval Form

The Board of Directors of the _____ in a duly executed meeting held on _____ and where a quorum was present, resolved to authorize:

Signature: _____

Date: _____

Name: _____
(Type/Print)

Title: _____

Signature: _____

Date: _____

Name: _____
(Type/Print)

Title: _____

Signature: _____

Date: _____

Name: _____
(Type/Print)

Title: _____

to negotiate and sign any State Indian Health Program (IHP) grant and any payment requests that may result. The undersigned hereby affirms he/she is a duly authorized officer of the Corporation and that the statements contained in this document are true and complete to the best of his/her knowledge. The undersigned further affirms that the applicant accepts, as a condition of the grant, the obligation to comply with the applicable State and Federal requirements, policies, standards, and regulations. The undersigned further affirms that the funds shall be used to support the provision of traditional Indian health. The undersigned recognizes that this is a public document and is open to public inspection.

Signature of Tribal or Board Chairperson

Date

Typed Name of Signatory

Title of Signatory

Form Completion Instructions: At least two persons must be authorized to sign payment requests. A current Authorization to Bind form must be kept on file with the IHP.

When changes to this authorization occur, please submit an updated Authorization to Bind form within ten (10) working days.

E-Signatures are acceptable.

Attachment E

Certification of Terms and Conditions of Advance Payment

In submitting this application, I certify that I am aware of the Terms and Conditions for approval of advance payments for Fiscal Year (FY) 2022-2023. I understand that advance payments will be deducted from the first semiannual prospective payment which will be available upon execution of FY 2022-2023 grants. The grantee shall repay the full amount of any outstanding advance if the grant is not fully approved.

I understand that advance payments are contingent upon the following conditions:

1. Such payments shall be made only to the extent funds are available,
2. The grantee is a non-profit agency,
3. The department has evaluated the financial stability of the clinic and found it to be reasonably financially sound,
4. Advance payments be made only to those nonprofit agencies that request an advance in writing, as further described below,
5. The application or proposal contains the terms and conditions set forth in the request for application or the request for proposal,
6. The application or proposal is signed by an authorized person representing the clinic,
7. The amount of the advance payment will be fully liquidated from subsequent grant payments,
8. If the grant is not fully executed, the grantee shall repay the full amount of any outstanding advance.

Signature of Authorized Representative

Date

Typed Name of Signatory

Title of Signatory